

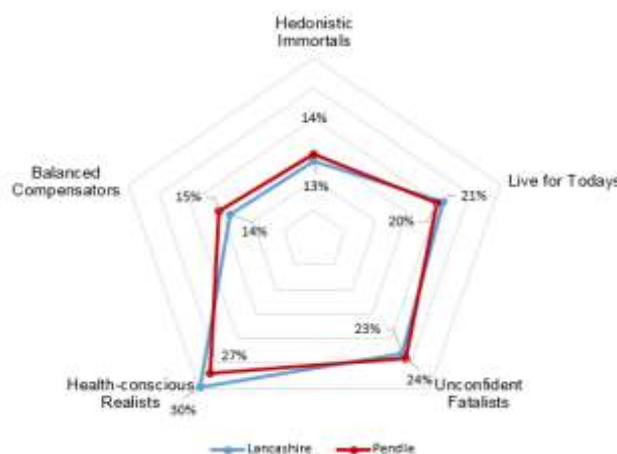
Pendle summary

This local summary forms part of the joint strategic needs assessment for health behaviours in Lancashire.¹ It provides an overview of the health behaviours questionnaire and the [secondary data analysis](#), providing a bespoke view of health behaviours in the district. The intention is for this report to be used to aid commissioning decisions in local areas in conjunction with the recommendations of the [health behaviours JSNA](#). For a wide range of data, intelligence and analysis, and summary reports for other local authorities please see the [health behaviours](#) webpage. Please direct all queries to BusinessIntelligence.jsna@lancashire.gov.uk

The questionnaire covered a wide range of topics around health behaviours and incorporated the '[healthy foundations](#)' segmentation tool.

Segmentation tools can be used to inform bespoke local health improvement activities. They provide insight for social marketing around health policies, campaigns and targeted interventions.

This allows us to identify the motivation levels and the potential for behaviour change among the different groups and can be used when considering the recommendations below in relation to the health status, lifestyle behaviours and wellbeing of Pendle's residents.



In Pendle when compared to Lancashire, there are similar rates of respondents classed as 'balanced compensators', 'hedonistic immortals', 'live for todays' and 'unconfident fatalists'. There are lower rates of 'health-conscious realists'.

Recommendations for Pendle

Strategies which address specific health behaviours may have a positive effect on improving health overall within the district. Whilst there are distinct recommendations for Pendle based on the questionnaire and secondary data analysis, there are overarching priorities and recommendations. These are:

1. Increase people's health-enabling behaviours and reduce health-compromising behaviours.
2. Increase health literacy levels through the provision of knowledge, skills and resources.

Addressing the wider determinants of health – particularly in the areas of employment, education, housing, the local environment and the public realm – continues to be important in Pendle. Further information around these topics can be found on our [Lancashire Insight](#) pages.

¹ Lancashire refers to the 12 districts in the county council area. The secondary data analysis does not include Blackburn with Darwen or Blackpool.

Alcohol

Excessive alcohol consumption is a major contributor to poor health and long-term conditions, as well as having an impact on community safety and crime. It can also negate the effects of other health-enabling behaviours, so is an important area to address. Priorities around alcohol for Pendle include:

- *Work with partners to continue with enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.*
- *Address the high rates of alcohol-related hospital admissions by promoting sensible drinking to the identified populations most at risk, taking into account the delivery of the message to the different target audiences.*
- *Provide information, advice, support and signposting to services for young people and adults around alcohol and other substance use.*

Drug and substance use

Drug and substance use can have profound negative effects on individuals, families and communities and also contribute to poor physical and mental health, with many individuals who use substances having a dual diagnosis.² The long-term investment in rehabilitation and treatment services can bring positive economic, social and health outcomes. Priorities around substance use include:

- *Increase people's resilience and wellbeing by giving them opportunities to make alternative healthier life choices, and improve their skills and decision making around risk-increasing behaviour(s).*
- *Build recovery groups in the community, incorporating [social value](#) and [social justice](#) and wider health improvements*
- *Promote harm reduction and recovery services for substance users, including dual diagnosis and referrals to other services that can support healthier lifestyles.³*
- *Continue to monitor emerging drug trends through data sharing with other partners.*

² Individuals who have co-existing mental health and alcohol and/or drug difficulties

³ Club drugs refer to substances which are used recreationally and in the club scene. These include, but are not limited to: cocaine, amphetamines, ecstasy, ketamine, and other hallucinogens. They tend not to include heroin.

Key findings



The data analysis reveals for many [alcohol-specific and alcohol-related indicators](#) Pendle is significantly worse than England

There are significantly higher rates of hospital admission due to alcohol, compared to England

The questionnaire indicates 57% of respondents drink alcohol

A fifth are regular binge drinkers and 16% are classed as increasing- or higher-risk drinkers

Key findings



Pendle has a significantly higher rate of opiate and/or crack use compared to England

From the questionnaire 4% of respondents had used drugs in the past 12 months, with 80% using cannabis

36% use cocaine, 10% report using heroin

There are high rates of self-reported use of other recreational/club drugs³

Healthy eating

Poor nutrition is a risk factor for many health conditions including some cancers and diabetes. It can also contribute to excess weight in adults and children, which can lead to health challenges in later life. Healthy eating priorities for Pendle include:

- *Increase the number of people eating five portions of fruit and vegetables per day.*
- *Support community-based interventions which can provide opportunities to develop knowledge and skills around nutrition, healthy eating and weight management.*
- *Focus healthy eating messages/support/interventions at those groups where healthy eating has been identified as most difficult, whilst taking into account individual barriers and motivators.*

Mental health

There are established links between negative health behaviours – such as substance use – and poor mental health. Good mental health can be an important buffer against stress, ill health, and a person's ability to cope with life. It can be improved through partaking in health-enabling behaviours, having an appropriate support network, a sense of belonging, and being in control of one's life. Priorities around social connectedness and inclusion are important:

- *Promote opportunities to develop social inclusion, social connectedness and community involvement, with a focus around digital inclusion for populations who may be at risk of being excluded through age, disability, access or education for example.*
- *Increase people's resilience and wellbeing by giving them opportunities for making alternative healthier life choices, improving their decision-making skills and control over their own lives.*
- *Promote opportunities to connect people/communities and increase [social capital](#), especially where there are different groups within neighbourhoods.*

Key findings



The data analysis shows 25.3% of adults are obese and 42.4% are overweight (England 23.0% and 40.8% respectively). Almost a third (32.0%) are a healthy weight (England 35%)

The questionnaire indicates 13% of people are eating the recommended five portions of fruit and vegetables per day

46% of respondents cook/prepare a meal from scratch five or more times a week

10% eat fast food/takeaways one to four times a week, 1% eat them five or more times a week

Key findings



28% of questionnaire respondents said they experienced high levels of anxiety, whilst 20% rate their happiness as low

11% say they often feel isolated from others, while 10% often feel left out

Just over a fifth (22%) of respondents have been told they have depression, anxiety or other mental health condition (at any time)

73% of respondents have more than one person they can rely on in a crisis, 8% have no one

Physical inactivity

Physical inactivity is a major risk factor for heart disease, type 2 diabetes, some cancers, and other long-term conditions. It is more of a risk factor for heart disease than cigarette smoking, high blood pressure, or a high cholesterol level. Physical activity can also reduce the risk of falls in older people, improve healthy life expectancy and help to achieve and maintain a healthy weight.

- *Work with partners to identify and address the barriers to activity (including age, sex, socioeconomic status, disability, and race/ethnicity)*
- *Identify settings where people live and work to bring about healthy behaviour change, such as community/workplace activities, health in the home, or health walks for example.*
- *Connect people to community resources, information and social activities.*

Sexual health

Sexually transmitted infections (STI) can cause a wide range of illness and poor health, whilst teenage pregnancy may limit education and career/employment opportunities. This can result in poorer life outcomes for teenage mothers and their children. The following priorities around sexual health include:

- *Promote contraception services, and ensure a strong focus on targeted interventions with young people at greatest risk of pregnancy.*
- *Increase the coverage and uptake of chlamydia and HIV testing and continue to promote sexual health screening services for young people (15-24 years), and the populations identified as at increased risk of HIV (including men who have sex with men).*
- *Increase people's resilience and wellbeing by giving them opportunities for healthier sexual behaviour by improving their skills and decision making around contraception, testing and screening.*

Key findings



The data analysis shows that 50% of adults in Pendle took part in no physical activity in a 28-day period

There has been a decrease in the number of males and females participating in sports

A tenth of respondents have a physical impairment, 11% have a long-term illness

37% of respondents say they take part in more than four hours moderate activity in a week, 24% take part in more than two hours

Key findings



Teenage pregnancy rates (under-16 conceptions) have fallen 30% between 2005/07 and 2010/12

Under-18 abortion rates have increased 15% during this same period

Screening for chlamydia for 15-24 year olds is 14%, one of the lowest uptake rates in the county

From the questionnaire 54% of respondents are sexually active, whilst 4% are considered to have risk-taking sexual behaviour

Smoking/tobacco use

Smoking and tobacco use is the biggest cause of illness and premature death from a range of conditions including cancers and heart disease. Ongoing health campaigns continue to promote the stop smoking message, and services and priorities around smoking and tobacco use include:

- *Continue to promote the no smoking message in homes, cars and outside buildings, to reduce exposure to second-hand smoke, and shape positive norms around smoking and tobacco use.*
- *Collaborate with community partners to design and/or deliver stop smoking services, with volunteer mentors in place to provide advice, information and support to smokers looking to quit.*
- *Adapt services to the needs of smokers, taking into account differences such as language to ensure the message is delivered appropriately and effectively.*

Key findings



The district has a smoking prevalence not significantly different to England

The rate of smoking-attributable mortality, deaths from heart disease and lung cancer are significantly higher when compared to England

The questionnaire showed 79% of respondents were regularly exposed to other people's smoke

Approximately 3% of respondents use chewing tobacco and bidis, 6% use e-cigarettes, 0% say they use shisha/water pipes

A comprehensive report covering all the health behaviours questionnaire findings for Pendle can be found on the [health behaviours](#) webpage. Please direct all queries regarding the health behaviours JSNA to BusinessIntelligence.jsna@lancashire.gov.uk